

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4	0		0		0
TOTAL DEP.	46	0		0		0
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY